



**DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR RESERVE PERSONNEL CENTER**

25 April 2005

MEMORANDUM FOR ALL NURSE CORPS INDIVIDUAL MOBILIZATION AUGMENTEES

FROM: HQ ARPC/SG
6760 E IRVINGTON PL #7000
DENVER CO 80280-7000

SUBJECT: Nurse Corps Employment Verification

1. In accordance with AFI 36-2115, paragraph 1.11.5., nursing professionals are required to actively practice nursing. The minimum requirement for active engagement in nursing is 180 hours per calendar year. ARPC monitors the program and notifies individuals not compliant of the possibility of reassignment.
2. Please complete the attached form, "Verification of 180 Hours of Patient Care By Nursing Professionals" and return to HQ ARPC/SGW in the enclosed envelope by 30 June 2005. The requirement can be met by:
 - a. Practice as a registered nurse at least 180 hours in paid or volunteer capacity.
 - b. Studying full time for a degree in nursing.
 - c. MPA funded active duty tours that relieve critical active duty personnel shortages at the MTF; that support specific active duty medical operations; or for any operational aeromedical evacuation mission.
 - d. Points only volunteer nursing in the active duty MTF
3. Verification of active engagement in the nursing career field can be obtained from:
 - a. Employer.
 - b. If self-employed and affiliated with a hospital or other institution, that institution can verify.
 - c. If self-employed without affiliation, verification can be determined by another colleague or by Form 1040, US Individual Income Tax Return, with all information blacked out except name, SSN and occupation.
4. If you have any questions regarding this requirement please contact the Nurse Corps technician, Mr. Anderson or Mr. Steele, at 1-800-525-0102. Your completed verification form can be faxed to 1-800-358-9480, (303) 676-7590 or DSN 926-7590.


LORRIE J. CAPPELLINO, Lt Col, USAF, NC
Director, Health Services
Individual Reserve Programs

Attachment:
Verification of 180 Hours of Patient Care by Nursing Professionals



Verification of 180 Hours of Patient Care By Nursing Professionals

September 2004 Edition - previous editions obsolete

Please print legibly

IMA's NAME _____ SSN _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ - _____ WORK PHONE (____) _____ - _____

IMA'S EMAIL ADDRESS _____

I am fully qualified to be utilized by the AF in my primary/duty AFSC of _____.

IMA'S SIGNATURE _____ DATE _____

Endorsement by Employer

Name of Health Care Facility _____

Facility Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ - _____

Employment Start Date _____ Nursing Specialty _____

I certify that the individual listed above is an employee in good standing of this organization and that said employee performs at least 180 hours of direct patient care per year.

DIRECTOR'S NAME _____ DATE _____

SIGNATURE _____

PHONE NUMBER (____) _____ - _____

Endorsement by HQ ARPC/SGW

Date received _____

Verifying Official _____

Nurse Corps Technician Signature
Directorate of Health Services